

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009458

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. <u>318</u>		Primary Registration District No. <u>1003</u>		Registrar's No. <u>1924</u>		STATE FILE NUMBER	
FILED FEB 28 1963							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis (8)</u>				Length of stay in 1b <u>10hrs. 47min.</u>		c. CITY OR TOWN <u>CAHOKIA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MISSOURI BAPTIST HOSPT.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>701 St. MONICA</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JEFFREY</u> Middle <u>DALE</u> Last <u>STOUT</u>				4. DATE OF DEATH Month <u>February</u> Day <u>20</u> Year <u>1963</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-20-1963</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>America</u> <u>United States</u>	
13a. FATHER'S NAME <u>Donald Eugene Stout</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Marlene Yarsinsky</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, go, or unknown) (If yes, give war or dates) <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Donald stout</u> Address <u>701 St. MONICA CAHOKIA, Ill.</u>	
18. CAUSE OF DEATH (Enter only one cause for each of the following) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>anoxia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Shoulder - Impaction</u> DUE TO (c) <u>Large Infant 11 lb. 10oz - 762.0</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>9:30</u> a.m. <u>P</u> Month, Day, Year <u>Feb. 20, 1963</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION: COUNTY STATE	
21. I attended the deceased from <u>Feb. 20, 1963</u> to <u>Feb. 20, 1963</u> and last saw him alive on <u>Feb. 20, 1963</u> Death occurred at <u>9:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>William H. Davis M.D.</u>				22b. ADDRESS <u>3121 N. Grand</u>		22c. DATE SIGNED <u>2-21-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>2/22/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bellerive, Illinois</u>	
24. FUNERAL DIRECTOR <u>KASSLY MORTUARY</u>				25. DATE RECD. BY LOCAL REG. <u>FEB 21 1963</u>		26. REGISTRAR'S SIGNATURE <u>Good Smith M.D.</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John J. Karsky III

Licensed Embalmer No. _____

Ill. 9912

P. O. Address _____

Chokio, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.